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APPLICANTS

Kevin T. O' Dougherty, Arden Hills, MN;
Russell F. Oberg, Burnsville, MN;
Joseph P. Menning, Prior Lake, MN;
Gregory B. Eiden, Chaska, MN;
Donald C. Grant, Excelsior, MN;

** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

none

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

William F. Ryann
ATMI, Inc.
7 Commerce Drive
Danbury, CT06810

TITLE

Liquid dispensing method and system with headspace gas removal

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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